Image# 14961180135 PAGE 1 / 34

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									Off	ice Use Only	
1.	NAME OF COMMITTEE (in		YPE OR P	RINT ▼		mple: If typ r the lines.	oing, type	12FE	4M5		
, Ei	nding Spend	ling Action	Fund								
Ш											
AD[DRESS (number a	and street)	610 S. Bo	ulevard							
Ė	Check if di	fferent									
ŀ	than previo reported. (A	usly	Tampa					FL	[3	33606	
2.	FEC IDENTIFIC	CATION NUM	IBER ▼		CITY 🛦			STATE	\	ZIP CC	DDE 🛦
	C C004898	56		3	3. IS THIS REPORT	×	NEW (N) OR		AMENI (A)	DED	
4.	TYPE OF RE	PORT	(b) Mont	ort	Feb 20 (M2)	×	May 20 (M5		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Re	eports:	Due	On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
	April 1				Apr 20 (M4)		Jul 20 (M7)		Oct 20 (I	M10)	Jan 31 (YE)
	Quarte July 15	rly Report (Q1)	(c)	12-Day		Primary (12	2P)	Ge	neral (12G	i)	Runoff (12R)
	Quarte	rly Report (Q2)		PRE-Election Report for th		Convention	(12C)	Sp	ecial (12S)		
	Octobe Quarte	r 15 rly Report (Q3)									
	Januar Year-E	y 31 nd Report (YE)		EI	ection on	M = M	/ D D /	Y	Y	in the State	of
	Report	Mid-Year (Non-election Inly) (MY)	(d)	30-Day POST-Election		General (30	OG)	Ru	noff (30R)		Special (30S)
	Termina (TER)	ation Report		Report for th		M - M	/ D D /	Y = Y =	Y	in the	. 🗂
				El	ection on					State	Of
5.	Covering Period	04	01		114	through	04	/ D 30	D / Y	2014	
l ce	rtify that I have	evamined this	Report ar	nd to the hea	et of my kno	wledge and	helief it is t	rue corre	ct and co	mnlete	
	e or Print Name		Nancy H.		or or my kno	wioago ana				mpiete.	
Siar	nature of Treasur	or Nancy H	H. Watkins			[Electronica	llv Filed1	Date	M M /	20	2014
oigi	iaidie oi ileasul					Laccionica		Date	30		2014
NOI	TE: Submission of	false, erroneo	us, or inco	mplete inform	nation may su	ıbject the pe	erson signing	this Repo	rt to the pe	enalties of 2	U.S.C. §437g.
	Office								F	EC FOR	RM 3X
	Use Only									Rev. 12/2	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Ending Spending Action Fund** 04 2014 04 30 2014 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 3059.03 January 1, 2014 (b) Cash on Hand at 977620.54 Beginning of Reporting Period..... 2650050.00 1300050.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2277670.54 2653109.03 6(a) and 6(c) for Column B)..... 2027094.48 2402532.97 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 250576.06 250576.06 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) This committee has qualified as a multicandidate committee. (see FEC FORM 1M) For further information contact: Federal Election Commission 999 E Street, NW Washington, DC 20463 Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Ending Spending Action Fun	Fund	١F	Action	Spending	Ending
----------------------------	------	----	--------	----------	---------------

		04 30 2014
I. Receipts	COLUMN B Calendar Year-to-Date	
	130000 00	2650000.00
(i) Itemized (use Schedule A)	100000.00	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(ii) Unitomized	50.00	50.00
	30.00	00.00
	1300050.00	2650050.00
Lines Tr(a)(i) and (ii)	,	7 7 7
Political Party Committees	0.00	0.00
	0.00	0.00
11(a)(iii), (b), and (c)) (Carry		
Totals to Line 33, page 5)▶	1300050.00	2650050.00
ansfers From Affiliated/Other		
rty Committees	0.00	0.00
	0.00	
Loans Received	0.00	0.00
an Repayments Received	0.00	0.00
sets To Operating Expenditures		
arry Totals to Line 37, page 5)	0.00	0.00
funds of Contributions Made	,	·
	0.00	0.00
· · · · · · · · · · · · · · · · · · ·		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00
	0.00	2.22
(IIOIII Scriedule 113)	0.00	0.00
	0.00	200
Levin Funds (from Schedule H5)	0.00	0.00
Total Transfers (add 18(a) and 18(b))	0.00	
	0.00	0.00
	(such as PACs) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	Total This Period		
. Operating Expenditures: – (a) Allocated Federal/Non-Federal	10101 11110 1 01100	Calendar Year-to-Date	
Activity (from Schedule H4)			
(i) Federal Share	0.00	0.00	
(ii) Non-Federal Share	0.00	0.00	
(b) Other Federal Operating	3.00	0.00	
Expenditures	-49352.00	953.95	
(c) Total Operating Expenditures			
(add 21(a)(i), (a)(ii), and (b))▶	-49352.00	953.95	
Transfers to Affiliated/Other Party Committees	0.00	0.00	
Contributions to	3.00		
Federal Candidates/Committees and Other Political Committees	100000.00	100000.00	
Independent Expenditures	4070440.40	2204 470 02	
(use Schedule E)Coordinated Party Expenditures	1976446.48	2301479.02	
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00	
(use constant)			
Loan Repayments Made	0.00	0.00	
	0.00	0.00	
Loans MadeRefunds of Contributions To:	0.00	0.00	
(a) Individuals/Persons Other Than Political Committees	0.00	100.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees	0.00	0.00	
(such as PACs)	0.00		
(d) Total Contribution Refunds			
(add Lines 28(a), (b), and (c))▶	0.00	100.00	
Other Disbursements		0.00	
Other Disbursements	0.00	0.00	
Federal Election Activity (2 U.S.C. §431(20))			
(a) Allocated Federal Election Activity			
(from Schedule H6)	0.00	0.00	
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely			
With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add	0.00	0.00	
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00	
Total Disbursements (add Lines 21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	2027094.48	2402532.97	
T. (5.1.18)			
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)			
from Line 31)	2027094.48	2402532.97	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1300050.00	2650050.00
4. Total Contribution Refunds (from Line 28(d))	0.00	100.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1300050.00	2649950.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	-49352.00	953.95
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	-49352.00	953.95

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) (chec for each category of the Detailed Summary Page

FO	R LINE	NUMBE	R:	PAGE	6	OF	34
(ch	eck only	one)					
>	1 1a	11b		11c	12		
	13	14		15	16		17

	and Statements may not be sold or used by any per g the name and address of any political committee	
NAME OF COMMITTEE (In Full) Ending Spending Action Fur	nd	
Full Name (Last, First, Middle Initial) Kenneth C. Griffin Mailing Address 131 S. Dearborn Street		Date of Receipt
		04 10 2014
Chicago	State Zip Code IL 60603	Transaction ID : SA11AI.5321
Chicago	ir 00003	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300000.00
Name of Employer	Occupation	1
Citadel, LLC	c.e.o.	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	300000.00	
Full Name (Last, First, Middle Initial) 3. Linda McMahon	'	Date of Receipt
Mailing Address 14 Hurlingham Drive		04 03 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State Zip Code	Transaction ID : SA11AI.5273
Greenwich	CT 06831	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	300000.00
Name of Employer McMahon Ventures, LLC	Occupation executive	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General Other (specify) ▼	300000.00	
Full Name (Last, First, Middle Initial) William E. Oberndorf	1	Date of Receipt
Mailing Address 505 Sansome Street Suite 1950		04 16 2014
City San Francisco	State Zip Code CA 94111	Transaction ID : SA11AI.5370
		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	100000.00
Name of Employer	Occupation	1
SPO Advisory Corp.	managing director	
Receipt For: Primary General	Aggregate Year-to-Date ▼	
Other (specify) ▼	100000.00	
SUBTOTAL of Receipts This Page (optional	al)	700000.00
	<u>·</u>	
FOTAL This Period (last page this line num	nper only)	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page

34

14 13 15 16 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) **Ending Spending Action Fund** Full Name (Last, First, Middle Initial) William C. Powers Date of Receipt Mailing Address 11766 Wilshire Blvd., #1470 04 04 2014 City Zip Code State Transaction ID: SA11AI.5277 CA Los Angeles 90025 Amount of Each Receipt this Period FEC ID number of contributing C 300000.00 federal political committee. Name of Employer Occupation self-employed investor Receipt For: Aggregate Year-to-Date ▼ Primary General 300000.00 Other (specify) Full Name (Last, First, Middle Initial) B. Paul Singer Date of Receipt Mailing Address 40 W. 57th Street. 30th Floor 04 10 2014 City State Zip Code Transaction ID: SA11AI.5318 NY New York 10019 Amount of Each Receipt this Period FEC ID number of contributing 300000.00 federal political committee. Name of Employer Occupation Elliott Management Corp. c.e.o. Receipt For: Aggregate Year-to-Date ▼ Primary General 650000.00 Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 600000.00 SUBTOTAL of Receipts This Page (optional)..... 1300000.00 TOTAL This Period (last page this line number only).....

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 8 OF 34						
IT	EMIZED DISBURSEMENTS	Use separate schedul for each category of t		(check only	ck only one)			7	
		Detailed Summary Pa		X 21b 27	22	23 28b	24 28c	25 29	26
					28a				30b
	ny information copied from such Reports and Staten for commercial purposes, other than using the nam								
	NAME OF COMMITTEE (In Full)								
	Ending Spending Action Fund								
_	Full Name (Last, First, Middle Initial)								
Α.	American Media & Advocacy Grou	p 			Date of	Disbursen		Y	Υ
	Mailing Address 815 Slaters Lane				04	03		2014	
		State Zip Code			Transa	ction ID :	SB21B.529	95	
	Alexandria Purpose of Disbursement	VA 22314							
	media-not disseminated				Amount	of Each D	Disbursemer	nt this I	Period
	Candidate Name			Category/ Type		-		318	3.00
	Office Sought: House Disbursen								
		Other (energy) — Gener	ral						
	State: District:	Other (specify) ▼							
_	Full Name (Last, First, Middle Initial)								
В.	American Media & Advocacy Grou	р			Date of	Disbursen	nent		
	Mailing Address 815 Slaters Lane				04	08		2014	Y
	Otto	7'- 0-4-							
	City S Alexandria	State Zip Code VA 22314			Transa	ction ID :	SB21B.53	10	
	Purpose of Disbursement media placement-see Line 24		Г		Amount	of Each D)isbursemer	nt this l	Period
	Candidate Name			Catagony	, and and	or Each E	, iobaroomor		onou
				Category/ Type		-		-49985	5.00
	Office Sought: House Disbursen	nent For:							
		Primary Gener	al						
	President State: District:	Other (specify) ▼							
_	Full Name (Last, First, Middle Initial)				Data of	Disbursen	aont		
C.	The Bank of Tampa							Y	V.
	Mailing Address P. O. Box 1				04	01		2014	Y
		State Zip Code			Transa	ction ID :	SB21B.526	69	
	Tampa Purpose of Disbursement	FL 33601							
	service charge			Amount	of Each D	Disbursemer	nt this I	Period	
	Candidate Name			Category/ Type				20	0.00
	Office Sought: House Disbursen	nent For:							
		Primary Gener	ral						
		Other (specify) ▼							
	State: District:								
5	SUBTOTAL of Disbursements This Page (optional)			·····		1		-49647	.00
Ι,	OTAL This Period (lest page this line number and)								
Ι'	'OTAL This Period (last page this line number only)	•••••				7			

SCHEDULE B (FEC Form 3X)	Use separate schedul	la/a\	FOR LINE I		PAGE	9 C	OF 34	
ITEMIZED DISBURSEMENTS	for each category of t Detailed Summary Pa	the	(check only 21b 27	one) 22 28a	23 28b	24 28c	25 29	26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam								
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	o and address of any p	ontioal of		Solicit Gol	in buttone	THOM SUCH	001111111111	<u> </u>
Full Name (Last, First, Middle Initial)				Data of	Dioburo	mont		
A. The Bank of Tampa				Date of	Disburse		Y	V
Mailing Address P. O. Box 1				04		3	2014	
	State Zip Code			Trans	action ID	: SB21B.52	74	
Tampa Purpose of Disbursement	FL 33601							
service charge				Amount	of Each	Disburseme	ent this F	Period
Candidate Name		Ca	ategory/	-			45	. 00
	_		Туре		-	7 -	15	.00
President	nent For: Primary Gener Other (specify) ▼	ral						
State: District:								
Full Name (Last, First, Middle Initial)				Data of	Dialarma			
B. The Bank of Tampa					Disburse			
Mailing Address P. O. Box 1				04	/ D	03	2014	Y
City	State Zip Code			Trans	action ID) : SB21B.52)81	
pu	FL 33601			mans	action ib	. 00210.02	.01	
Purpose of Disbursement service charge				Amount	of Each	Disburseme	ent this F	Period
Candidate Name			ategory/ Type				-	0.00
	nent For: Primary Gener Other (specify)	ral						
Full Name (Last, First, Middle Initial) C. The Bank of Tampa				Date of	Disburse	ement		
Mailing Address P. O. Box 1				04	/ D)3 / Y	2014	Y
,	State Zip Code FL 33601			Trans	action ID) : SB21B.52	!82	
Purpose of Disbursement								
service charge Candidate Name			ategory/	Amount	of Each	Disburseme		Period
	nent For: Primary Gener Other (specify) ▼	I	Туре		7	7		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				Ë	9	7	55.	.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE		PAGE 10 OF 34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	22 23 28b	24 25 26 28c 29 30
Any information copied from such Reports and Staten or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	to und address of any point		- construction :	nom oddin committee.
Full Name (Last, First, Middle Initial)			Data of Dishamon	
A. The Bank of Tampa			Date of Disbursem	
Mailing Address P. O. Box 1			04 04	
,	State Zip Code		Transaction ID :	SB21B.5275
Tampa Purpose of Disbursement	FL 33601		Transaction is 1	021.5.02.0
service charge			Amount of Each D	Disbursement this Period
Candidate Name		Category/		45.00
		Type		15.00
President	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial) B. The Bank of Tampa			Date of Disbursem	nent
·			M M / D D	/
Mailing Address P. O. Box 1			04 04	2014
,	State Zip Code FL 33601		Transaction ID :	SB21B.5280
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type	,	20.00
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial)				
C. The Bank of Tampa			Date of Disbursem	
Mailing Address P. O. Box 1			04 07	
City S Tampa	State Zip Code FL 33601		Transaction ID :	SB21B.5279
Purpose of Disbursement				
service charge Candidate Name		Category/	Amount of Each D	Disbursement this Period 20.00
Office Sought: House Senate President State: District:	nent For: Primary General Other (specify) ▼	Туре		7
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)		<u> </u>		55.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE		PAGE 11 OF 34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(official offiny	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	add. 650 0. di.ly po.			
Full Name (Last, First, Middle Initial)			Date of Disbursem	ont
A. The Bank of Tampa			M M / D D	ent
Mailing Address P. O. Box 1			04 08	2014
	State Zip Code		Transaction ID :	SB21B.5301
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each Di	isbursement this Period
Candidate Name		Category/		20.00
		Type		20.00
	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Dialouseass	
B. The Bank of Tampa			Date of Disbursem	
Mailing Address P. O. Box 1			04 10	2014
,	State Zip Code		Transaction ID :	SB21B.5319
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each Di	isbursement this Period
Candidate Name		Category/ Type		15.00
	nent For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial) C. The Bank of Tampa			Date of Disbursem	ent
Mailing Address P. O. Box 1			04 / 10	2014
City S	State Zip Code FL 33601		Transaction ID :	SB21B.5322
Purpose of Disbursement				
Service charge Candidate Name		Category/ Type	Amount of Each Di	isbursement this Period 15.00
	nent For: Primary General Other (specify)			7
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only)				50.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(s	FOR LINE		PAGE 12 OF 34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(check only X 21b 27	one) 22 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	o and address of any point	iodi committee te	SOURCE CONTRIBUTIONS T	ioni dadi dominited.
Full Name (Last, First, Middle Initial)			Data of Dialassa	
A. The Bank of Tampa			Date of Disbursem	
Mailing Address P. O. Box 1			04 11	2014
	State Zip Code		Transaction ID :	SB21B.5327
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each D	isbursement this Period
Candidate Name		Category/		20.00
		Type		20.00
President	nent For: Primary General Other (specify)			
State: District:				
Full Name (Last, First, Middle Initial)			Data of Diahumann	
B. The Bank of Tampa			Date of Disbursem	
Mailing Address P. O. Box 1			04 14	
,	State Zip Code		Transaction ID :	SB21B 5347
Tampa Purpose of Disbursement	FL 33601		Transaction 12 1	021.5.00
service charge			Amount of Each D	isbursement this Period
Candidate Name		Category/ Type		20.00
	nent For: Primary General Other (specify)			
Full Name (Last, First, Middle Initial) C. The Bank of Tampa			Date of Disbursem	nent
Mailing Address P. O. Box 1			04 / D D	2014
•	State Zip Code FL 33601		Transaction ID :	SB21B.5354
Purpose of Disbursement				
service charge Candidate Name		Category/	Amount of Each D	bisbursement this Period 20.00
	nent For: Primary General Other (specify) ▼	Туре		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).				60.00

SCHEDULE B (FEC Form 3X)	Use separate schedule(FOR LINE		PAGE 13 OF 34
ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	(oncor only	7 one) 22 23 23 28a 28b	24 25 26 28c 29 30
Any information copied from such Reports and Stat or for commercial purposes, other than using the na				
NAME OF COMMITTEE (In Full) Ending Spending Action Fund	and and address of any po-			
Full Name (Last, First, Middle Initial)			Data of Dishurasa	aant
^{A.} The Bank of Tampa			Date of Disbursen	
Mailing Address P. O. Box 1			04 16	
City	State Zip Code		Transaction ID :	SB21B.5371
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each D	Disbursement this Period
Candidate Name		Category/		45.00
		Туре		15.00
Senate President	ement For: Primary General Other (specify) ▼			
State: District:				
Full Name (Last, First, Middle Initial) B. The Bank of Tampa			Date of Disbursen	nent
			M = M / D = E) / Y Y Y Y Y
Mailing Address P. O. Box 1			04 17	2014
City	State Zip Code FL 33601		Transaction ID :	SB21B.5374
Tampa Purpose of Disbursement	FL 33601	T		
service charge			Amount of Each D	Disbursement this Period
Candidate Name		Category/ Type		20.00
Office Sought: House Disburs Senate President State: District:	ement For: Primary General Other (specify) ▼			
Full Name (Last, First, Middle Initial)				
C. The Bank of Tampa			Date of Disbursen	
Mailing Address P. O. Box 1			04 17	
City	State Zip Code		Transaction ID :	SB21B.5375
Tampa Purpose of Disbursement	FL 33601			
service charge			Amount of Each F	Disbursement this Period
Candidate Name		Category/ Type	Amount of Each L	20.00
Office Sought: House Disburs	ement For: Primary General Other (specify) ▼			
2.5				
SUBTOTAL of Disbursements This Page (optional)			7	55.00
TOTAL TIL D. 1.1/1.		_		
TOTAL This Period (last page this line number on	y)		1 1 2 2	

S ľ

SCHEDULE B (FEC Form 3X) FOR LINE NUMBER: PAGE 14			14 O	OF 34			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(s) (check only one)		1 05			
	Detailed Summary Page	X 21b	22 28a	23 28b	24 28c	25 29	26 30b
Any information copied from such Reports and State	mente may not be cold or us						
or for commercial purposes, other than using the na							
NAME OF COMMITTEE (In Full)							
Ending Spending Action Fund							
Full Name (Last, First, Middle Initial)							
A. The Bank of Tampa				Disburseme			
Mailing Address P. O. Box 1			04	21)14	
City	State Zip Code		Transac	tion ID · 9	SB21B.5386		
Tampa	FL 33601		ITalisa		JD2 1 D.3300	,	
Purpose of Disbursement service charge			Amount o	f Each Dis	sbursement	this Pe	eriod
Candidate Name		Category/				20.0	00
Office Sought: House Disburse	ment For:	Туре		7	7		
Senate	Primary General						
President	Other (specify) ▼						
State: District:							
Full Name (Last, First, Middle Initial) B.			Date of Γ	Disburseme	ent		
			M - M	/ D D		Y	Y
Mailing Address					l L.		
City	State Zip Code						
Purpose of Disbursement							
			Amount o	f Each Dis	sbursement	this Po	eriod
Candidate Name		Category/ Type					\Box
Office Sought: House Disburse	ment For:	1,700			, , , , , , , , , , , , , , , , , , , ,		
Senate	Primary General						
President State: District:	Other (specify) ▼						
Full Name (Last, First, Middle Initial)							
C.			Date of D	Disburseme	ent		
Marilla a Addusa a			M = M	/ D D	/ Y Y	Y	Y
Mailing Address					-	-	_
City	State Zip Code						
Purpose of Disbursement							
			Amount o	f Each Dis	sbursement	this Pe	eriod
Candidate Name		Category/ Type					
Office Sought: House Disburse	ement For:	71"-		7		-	
Senate	Primary General						
State: District:	Other (specify) ▼						
State: District:							
SUBTOTAL of Disbursements This Page (optional).				-		20.0	00
			-	7	-	10055	
TOTAL This Period (last page this line number only	<i>r</i>)			7		49352.0)()

for each category of the Detailed Summary Page Sea 21	SCHEDULE B (FEC Form 3X)	Hoo concrete estradada ()			
Detailed Summary Pege 27 28 28 20 28 28 38 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of scioliting contributions for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME CF COMMITTEE (In Full) Ending Spending Action Fund Full Name (Last, First, Middle Initial) A. America Rising PAC Mailing Address 1555 Wilson Blvd, #307 City State Zip Code VA 22209 Purpose of Disbursement contribution Candidate Name Office Sought: House President Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) ▼ State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Primary General Disbursement Candidate Name Office Sought: House Primary General Primary Genera	TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	` `	,	00
or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Ending Spending Action Fund Full Name (Last, First, Middle Initial) America Rising PAC Mailing Address 1555 Wilson Blvd., #307 City State Zip Code Afrington VA 22209 Purpose of Disbursement contribution Candidate Name Office Sought: House President Primary General Primary General Primary General President State: District Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Category' Office Sought: House President Primary General Primar					
NAME OF COMMITTEE (In Full) Ending Spending Action Fund Full Name (Last, First, Middle Initial) America Rising PAC Mailing Address 1555 Wilson Blvd., #307 City Arington VA 22209 Prupose of Disbursement Contribution Candidate Name City Senate President City State District Full Name (Last, First, Middle Initial) State: District Full Name (Last, First, Middle Initial) Mailing Address City State District Full Name (Last, First, Middle Initial) Mailing Address City State District Full Name (Last, First, Middle Initial) Mailing Address City State District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Amount of Each Disbursement this Period Category' Type Office Sought: District District Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Amount of Each Disbursement this Period Category' Type Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category' Type Office Sought: Full Name (Last, First, Middle Initial)					
America Rising PAC Mailing Address 1555 Wilson Blvd., #307 City	NAME OF COMMITTEE (In Full)				
Amount of Each Disbursement this Period City State Zip Code VA 22209 Transaction ID : \$823.5340 Amount of Each Disbursement this Period Candidate Name City Senate President State: District: Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name City State Zip Code President Other (specify) ▼ Senate President Other (specify) ▼ Disbursement For: Senate Primary General Other (specify) ▼ Senate President Candidate Name Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code	Full Name (Last, First, Middle Initial)				
Mailing Address 1555 Wilson Blvd, #3007 City State Zip Code VA 22209 Purpose of Disbursement Contribution Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Primary General Primary Category/ Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Candidate Name Category/ City State Zip Code Purpose of Disbursement Category/ Category	A. America Rising PAC				
Afrington VA 22209 Purpose of Disbursement Contribution Candidate Name District: Full Name (Last, First, Middle Initial) Mailing Address City State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category/ Type Office Sought: President Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Other (specify) Amount of Each Disbursement this Period Category/ Type Other (specify) Amount of Each Disbursement this Period Category/ Type Other (specify) Amount of Each Disbursement this Period Category/ Type Other (specify) Other (specify) Category/ Type Other (specify)	Mailing Address 1555 Wilson Blvd., #307				
Purpose of Disbursement contribution Candidate Name Category/ Type Disbursement For: Senate Prisident State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Disbursement For: Senate Prisident Candidate Name Disbursement For: Senate Prisident State: District: Full Name (Last, First, Middle Initial) Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Category/ Type Category/ Type Date of Disbursement Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Prisident Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General President Senate Prisident Other (specify) ▼				Transactio	on ID : SB23.5340
Candidate Name Category/ Type	Purpose of Disbursement			Amount of E	Each Disbursement this Period
Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Office Sought: Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate President State: District: Category/ Type Office Sought: House Senate President Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼	Candidate Name				
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) Category/ Type Disbursement For: Full Name (Last, First, Middle Initial) Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: House Disbursement For: Senate Primary General Other (specify) Office Sought: Disbursement For: Senate Primary General Other (specify) Other (specify) Other (specify) Other (specify) Amount of Each Disbursement this Period	Senate	Primary General	, ypc		
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement For: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:					
City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General President State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Date of Disbursement Category/ Type Office Sought: House Disbursement For: Senate Primary General President State: District: Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District:	Full Name (Last, First, Middle Initial) 3.			Date of Disk	bursement
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Disbursement For: Senate Primary General Other (specify) State: District: Other (specify) State: District: Other (specify) State: District:	Mailing Address			M M /	D D / Y Y Y Y
Candidate Name Category/ Type Office Sought:	City	State Zip Code			
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ State: District:	Purpose of Disbursement			Amount of 5	Each Dishureament this Bariad
Office Sought:	Candidate Name			Amount Of E	Laon Dispursement tills Pellod
Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District:	Senate President	Primary General	, ypc		
Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) State: District:					
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District:).				
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	Mailing Address			.vi = Ni /	
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	City	State Zip Code			
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ State: District:	Purpose of Disbursement				Total District
Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name		Category/ Type		
400000.00	Senate President	Primary General	.,,,,,		
SUBTUTAL OF DISDUISEMENTS THIS Page (Optional)	<u> </u>				100000 00
	SUDICIAL OF DISDURSEMENTS This Page (optional)		<u> </u>		

PAGE	16	OF	34	
FOR L	INE 24	OF FO	DRM 3X	
ENTIFI	CATIO	N NUM	BER ▼	

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report	Amends report filed on / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
American Media & Advocacy Group Mailing Address	04 / 05 / 2014
815 Slaters Lane	Amount
City State Zip	Code 93589.50
	Transaction ID : SE.5283 Date of Disbursement or Obligation
Purpose of Expenditure media placement Ca	ategory/ Type 04 03 / 2014
Name of Federal Candidate	Support Office Sought: House District:
Mary Michelle Nunn	Oppose President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
5 11 11 12	
Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination 04 07 2014
Mailing Address 815 Slaters Lane	Amount
City State Zip	Code 60136.00
	Transaction ID : SE.5300 Date of Disbursement or Obligation
Purpose of Expenditure media placement Ca	ategory/ Type 04 03 / 2014
Name of Federal Candidate	Support Office Sought: House District:
Scott Brown	Oppose President Senate State: NH
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	153725.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(,	··············
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized comparty committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically	y Filed] Date 05 20 2014
Signature	

PAGE 17 OF 34 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00489856
= M / D = D / Y = Y = Y
of Public Distribution/Dissemination
04 08 2014
nt
198422.25
ction ID : SE.5312 of Disbursement or Obligation
04 / 03 / 2014
t: House District:
ent Senate State: GA
t For: X Primary General
ther (specify) -
of Public Distribution/Dissemination
04 / 09 / 2014
int
29083.75
of Disbursement or Obligation
04 03 7 2014
nt:
ent Senate State: GA
nt For: Primary X General
Other (specify) -
227506.00

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼					
Ending Spending Action Fund		C C00489856			
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on Mam / Dab / Yayayay			
Full Name of Payee		Date of Public Distribution/Dissemination			
American Media & Advocacy Group		04 08 7 2014			
Mailing Address 815 Slaters Lane		Amount			
City State	Zip Code	198422.25			
Alexandria VA	22314	Transaction ID : SE.5312 Date of Disbursement or Obligation			
Purpose of Expenditure media placement	Category/ Type	04 / 03 / 2014			
Name of Federal Candidate	Support	Office Sought: House District:			
J. Phillip Gingrey	X Oppose	President State: GA			
Calendar Year-To-Date Per Election for Office Sought	198422.25	Disbursement For: X Primary General 2014			
Full Name of Payee		Date of Public Distribution/Dissemination			
American Media & Advocacy Group		04 09 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 815 Slaters Lane		Amount			
	7: 0 1	20000 75			
City State Alexandria VA	Zip Code 22314	29083.75 Transaction ID : SE.5323 Date of Disbursement or Obligation			
Purpose of Expenditure media placement	Category/ Type	Date of Disbursement of Obligation M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Name of Federal Candidate	Support	Office Sought: House District:			
Mary Michelle Nunn	X Oppose	President Senate State: GA			
Calendar Year-To-Date Per Election for Office Sought	287593.76	Disbursement For:			
(a) SUBTOTAL of Itemized Independent Expenditures		227506.00			
(b) SUBTOTAL of Unitemized Independent Expenditures		>			
(c) TOTAL Independent Expenditures		•			
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.					
Nancy H. Watkins [Electronic	cally Filed] Date	05 20 2014			
Signature					

	CHEDULE E (FEC Form 3 EMIZED INDEPENDENT EXPEN			PAGE 18 OF 34 FOR LINE 24 OF FORM
1/	AME OF COMMITTEE (In Full)			
	Ending Spending Action Fundament	b		C C00489856
Cł	neck if 24-hour report 48-hou	r report New 1	report Amends repo	ort filed on Man / Dad / Yayaya
	Full Name of Payee American Media & Advocacy G	Group		Date of Public Distribution/Dissemination
	Mailing Address 815 Slaters Lane			04 11 2014 Amount
	City	State	Zip Code	77708.50
	Alexandria	VA	22314	Transaction ID : SE.5330 Date of Disbursement or Obligation
	Purpose of Expenditure media placement		Category/ Type	04 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate		Support	Office Sought: House District:
	J. Phillip Gingrey		Oppose	President X Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought		276130.75	Disbursement For:
	Full Name of Payee American Media & Advocac	y Group		Date of Public Distribution/Dissemination
	Mailing Address 815 Slaters Lane			Amount
	City	State	Zip Code	8506.00
	Alexandria	VA	22314	Transaction ID: SE.5335 Date of Disbursement or Obligation
	Purpose of Expenditure media placement		Category/ Type	04 / 03 / 2014
	Name of Federal Candidate		Support	Office Sought: House District:
	Mary Michelle Nunn		Oppose	President Senate State: GA
	Calendar Year-To-Date Per Election for Office Sought		296099.76	Disbursement For: ☐ Primary ☐ Generation 2014 ☐ Other (specify) ▶
_	(a) SUBTOTAL of Itemized Independen	t Expenditures		
	(b) SUBTOTAL of Unitemized Independ	ent Expenditures		>
	(c) TOTAL Independent Expenditures			-
_				not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political

party committee) any political party committee or its agent.

Nancy H. Watkins	[Electronically Filed]	Date	05 /	20	2014
Signature					

PAGE	19	OF	34 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund				C C00489856
Check if 24-hour report 48-hour report	New rep	ort Amends repo		= M / D = D / Y = Y = Y
Full Name of Payee American Media & Advocacy Group			Date	of Public Distribution/Dissemination
Mailing Address			IV	04 / 15 / Y Y Y Y Y Y
815 Slaters Lane			Amou	nt
City	State	Zip Code		182453.00
Alexandria	VA	22314		ction ID : SE.5358 of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		04 / 03 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:
J. Phillip Gingrey		X Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		458583.75	Disbursemen 2014 O	ther (specify) ►
Full Name of Payee American Media & Advocacy Gro	oup			of Public Distribution/Dissemination
Mailing Address 815 Slaters Lane			Amou	int
City	State	Zip Code		39927.00
Alexandria	VA	22314		oction ID: SE.5383 of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		04 03 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:
J. Phillip Gingrey		Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought	7	498510.75	Disbursemer 2014 C	nt For:
(a) SUBTOTAL of Itemized Independent Expen	ditures			222380.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•	
(c) TOTAL Independent Expenditures			•	7 7 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorized			
Nancy H. Watkins	[Electron	ically Filed] Date	9 05	20 / 2014
Signature				

PAGE	20	OF	34 DRM 3X
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report	ort filed on M M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
American Media & Advocacy Group	04 08 7 2014
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	300000.00
Alexandria VA 22314	Transaction ID : SE.5308 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	04 / 04 / 2014
Name of Federal Candidate Support	Office Sought: House District:
J. Phillip Gingrey Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 798510.75	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Davis	
Full Name of Payee American Media & Advocacy Group	Date of Public Distribution/Dissemination 04 08 2014
Mailing Address 815 Slaters Lane	Amount
City State Zip Code	49985.00
Alexandria VA 22314	Transaction ID : SE.5311 Date of Disbursement or Obligation
Purpose of Expenditure media placement Category/ Type	04 / 08 / 2014
Name of Federal Candidate Support	Office Sought: House District:
J. Phillip Gingrey Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought 848495.75	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	> 349985.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
	45 45 45
(c) TOTAL Independent Expenditures	-
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	9 05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	21	OF	34 DRM 3X
FOR I	LINE 24	OF FO	DRM 3X

				FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund				C C00489856
Check if 24-hour report 48-hour report	New rep	ort Amends repo		/ D = D / Y = Y = Y
Full Name of Payee American Media & Advocacy Group			Date	of Public Distribution/Dissemination
Mailing Address				04 / 15 / Y Y Y Y Y Y Y
815 Slaters Lane			Amou	int
City	State	Zip Code		100000.00
Alexandria	VA	22314		oction ID : SE.5357 of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		04 / 11 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:
J. Phillip Gingrey		X Oppose	Preside	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		963944.75	Disbursemer 2014	nt For:
Full Name of Payee American Media & Advocacy Grou	ıp		_	of Public Distribution/Dissemination
Mailing Address 815 Slaters Lane			Amou	ınt
City	State	Zip Code		213896.00
Alexandria	VA	22314		of Disbursement or Obligation
Purpose of Expenditure media placement		Category/ Type		04 / 14 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:
J. Phillip Gingrey		X Oppose	Presid	ent Senate State: GA
Calendar Year-To-Date Per Election for Office Sought		1177840.75	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expendi	itures			313896.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		. •	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any cand party committee) any political party committee or	didate or authorized			
Nancy H. Watkins	[Electron	ically Filed] Date	, 05 /	20 / 2014
Signature		_		

PAGE	22	OF	34	
FOR L	INE 24	OF F	FORM	ЗХ

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report fi	filed on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
America Rising, LLC	04 13 7 2014
Mailing Address 138 Conant Street	Amount
First Floor	5000.00
City State Zip Code Beverly MA 01915	5000.00 Transaction ID : SE.5334 Date of Disbursement or Obligation
Purpose of Expenditure research Category/ Type	04 14 2014
Name of Federal Candidate Support O	Office Sought: House District:
Mary Michelle Nunn Oppose	President Senate State: GA
Odichadi Todi To Dato	oisbursement For: Primary X General Other (specify) ►
Full Name of Payee CD, Inc.	Date of Public Distribution/Dissemination 04 29 2014
Mailing Address P. O. Box 1877	Amount
City State Zip Code	7500.00
Alexandria VA 22313	Transaction ID : SE.5393 Date of Disbursement or Obligation
Purpose of Expenditure online advertising Category/ Type	04 / 21 / 2014
Name of Federal Candidate Support O	Office Sought:
William Taylor Griffin Oppose	President Senate State: NC
	Obsbursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	12500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE	23	OF	34
FOR L	INE 24	OF FO	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	d on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
CD, Inc.	04 29 / 2014
Mailing Address P. O. Box 1877	Amount
City State Zip Code	7500.00
Alexandria VA 22313	Transaction ID : SE.5394 Date of Disbursement or Obligation
Purpose of Expenditure online advertising Category/ Type	04 21 2014
Name of Federal Candidate Support Office	ce Sought: X House District:03
Walter B. Jones Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	oursement For:
Full Name of Pause	
Full Name of Payee Chris Mottola Consulting, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1382 Lafayette Street	Amount
City State Zip Code	15449.00
Cape May NJ 08204	Transaction ID : SE.5307 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 / 09 / 2014
Name of Federal Candidate Support Office	ce Sought: House District:
J. Phillip Gingrey Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Dist 201	oursement For: Primary General Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	22949.00
(b) CURTOTAL of Unitamized Independent Expanditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4 4
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

	PAGE		OF	34	
	FOR L	INE 24	OF F	ORM	3X
_	DENTIFICATION NUMBER -				

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund		C C00489856
Check if 24-hour report 48-hour report New report	rt Amends report filed	on M M / D D / Y Y Y Y
Full Name of Payee Chris Mottola Consulting, Inc.		Date of Public Distribution/Dissemination
Mailing Address 1382 Lafayette Street		04 15 2014 Amount
	Zip Code 08204	13417.50 Transaction ID : SE.5355 Date of Disbursement or Obligation
Purpose of Expenditure media production	Category/ Type	04 / 14 / 2014
Name of Federal Candidate	Support Office	e Sought: House District:
J. Phillip Gingrey	X Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought	1191258.25 Disbu 2014	ursement For:
Full Name of Payee DDC Advocacy	,	Date of Public Distribution/Dissemination O4 01 2014
Mailing Address 174 Waterfront Street, Suite 500		Amount
City State	Zip Code	22271.68
	20745	Transaction ID : SE.5270 Date of Disbursement or Obligation
Purpose of Expenditure direct mail services	Category/ Type	04 / 01 / 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 03
Walter B. Jones	∑ Oppose □	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	197229.22 Disbu	ursement For: X Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	·····	35689.18
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronic	cally Filed] Date	5 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

S

Nancy H. Watkins

Signature

	CHEDULE E (FEC Form 3X)			
ΓE	EMIZED INDEPENDENT EXPENDITURES			PAGE 25 OF 34 FOR LINE 24 OF FORM 3X
V/	ME OF COMMITTEE (In Full)		EEC	DENTIFICATION NUMBER ▼
E	nding Spending Action Fund			C00489856
			С	C00469650
Ch	eck if 24-hour report 48-hour report New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee		Date of Pu	blic Distribution/Dissemination
	DDC Advocacy		M 04	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 174 Waterfront Street, Suite 500		Amount	
	City State	Zip Code		3283.90
	National Harbor MD	20745		ID: SE.5289 sbursement or Obligation
	Purpose of Expenditure direct voter contact	Category/ Type	04	01 2014
	Name of Federal Candidate	Support	Office Sought:	X House District:03
	Walter B. Jones	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	200513.12	Disbursement For 2014 Other	: X Primary General (specify) ▶
	Full Name of Payee		Date of Pu	ublic Distribution/Dissemination
	DDC Advocacy		04	/ 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 174 Waterfront Street, Suite 500		Amount	
	City State	Zip Code		22271.68
	National Harbor MD	20745		n ID : SE.5366 sbursement or Obligation
	Purpose of Expenditure voter contact/mail	Category/ Type	M 04	01 / 2014
	Name of Federal Candidate	Support	Office Sought:	X House District:03
	Walter B. Jones	Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	222784.80	Disbursement For 2014	
			Otner	(specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures		.	25555.58
	(b) SUBTOTAL of Unitemized Independent Expenditures			
	(-,			*
	(c) TOTAL Independent Expenditures		>	7 1 7 1 7
	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			

[Electronically Filed]

2014

20

05

Date

PAGE 26 OF 34 FOR LINE 24 OF FORM 3X			
DENTIFICATION NUMBER ▼ C00489856			
/ D D / Y Y Y Y Y			
lia Diatribution/Diagomination			

NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼				
Ending Spending Action Fund C C00489856				
Check if 24-hour report 48-hour report New report	rt Amends repor	t filed on/ D.B.D./ Y.Y.Y.Y.Y.		
Full Name of Payee		Date of Public Distribution/Dissemination		
DDC Advocacy		05 / 2014		
Mailing Address 174 Waterfront Street, Suite 500		Amount		
City State	Zip Code	816.74		
National Harbor MD	20745	Transaction ID : SE.5405 Date of Disbursement or Obligation		
Purpose of Expenditure direct voter contact	Category/ Type	04 / 01 / Y Y Y Y Y		
Name of Federal Candidate	X Support	Office Sought: X House District: 03		
William Taylor Griffin	Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	223601.54	Disbursement For:		
Full Name of Payee	<u>'</u>	Date of Public Distribution/Dissemination		
DDC Advocacy		04 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 174 Waterfront Street, Suite 500		Amount		
City State	Zip Code	11135.84		
National Harbor MD	20745	Transaction ID : SE.5387 Date of Disbursement or Obligation		
Purpose of Expenditure voter contact/mail	Category/ Type	04 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate	Support	Office Sought: X House District: 03		
William Taylor Griffin	Oppose	President Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought	697095.32	Disbursement For:		
(a) SUBTOTAL of Itemized Independent Expenditures		11952.58		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures		•		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Nancy H. Watkins [Electronic	cally Filed] Date	05 20 2014		
Signature	<u> </u>			

NAME OF COMMITTEE (In Full)

Ending Spending Action Fund

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 27 (FOR LINE 24 O	
FEC IDENTIFICATION N	NUMBER ▼
C C00489856	
report filed on	Y Y Y
Date of Public Distribution/Diss	emination
04 / D D / Y	2014
Amount	
	11135.84
Transaction ID : SE.5388	
Date of Disbursement or Obliga	ation
04 23	2014
rt Office Sought: X House Distr	rict:03
e President Senate Sta	ate: NC
Disbursement For:	General
Date of Public Distribution/Diss	
04 / 30 / Y	2014 Y
Amount	
	12135.84
Transaction ID : SE.5398 Date of Disbursement or Oblig	ation
04 / D 23 / Y	2014
rt Office Sought: X House Distr	rict:03
President Senate Sta	ate: NC
Disbursement For: Primary [General
Other (specify)	
> 23	271.68
7 7	
······ >	

48-hour report Check if 24-hour report New report Amends Full Name of Payee **DDC Advocacy** Mailing Address 174 Waterfront Street, Suite 500 City State Zip Code MD National Harbor 20745 Purpose of Expenditure Category/ voter contact/mail Type Name of Federal Candidate Suppo Walter B. Jones Oppos Calendar Year-To-Date 708231.16 Per Election for Office Sought Full Name of Payee DDC Advocacy Mailing Address 174 Waterfront Street, Suite 500 City State Zip Code National Harbor MD 20745 Purpose of Expenditure Category/ voter contact/mail Type Name of Federal Candidate X Suppo William Taylor Griffin Oppos Calendar Year-To-Date 720367.00 Per Election for Office Sought (a) SUBTOTAL of Itemized Independent Expenditures..... (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Nancy H. Watkins [Electronically Filed] 05 20 2014 Date Signature FEC Schedule E (Form 3X) Rev. 09/2013

	age# 14961180162 CHEDULE E (FEC Form (RY)			
	EMIZED INDEPENDENT EXPEN				PAGE 28 OF 34
					FOR LINE 24 OF FORM 3X
	AME OF COMMITTEE (In Full) Ending Spending Action Fund	٨		FE	C IDENTIFICATION NUMBER ▼
_	Inding Spending Action I dire	J.		C	C00489856
Ch	neck if 24-hour report 48-hou	r report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	Full Name of Payee DDC Advocacy			Date of P	ublic Distribution/Dissemination
	Mailing Address 174 Waterfront Street	, Suite 500		04 Amount	30 2014
				Amount	
	City	State	Zip Code	L	12135.84
	National Harbor	MD	20745		n ID : SE.5399 isbursement or Obligation
	Purpose of Expenditure voter contact/mail		Category/ Type	04	
	Name of Federal Candidate		Support	Office Sought:	House District:03
	Walter B. Jones		Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		732502.84	Disbursement Fo	or:
	Full Name of Payee			Date of P	Public Distribution/Dissemination
	DDC Advocacy			05	05 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 174 Waterfront Street	, Suite 500		Amount	النتا لتا ا
	City	State	Zip Code		2102.27
	National Harbor	MD	20745		on ID : SE.5407 Disbursement or Obligation
	Purpose of Expenditure direct voter contact		Category/ Type	04	
	Name of Federal Candidate		X Support	Office Sought:	X House District:03
	William Taylor Griffin		Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		734605.11	Disbursement Fo	or: X Primary General r (specify) ▶
	(a) SUBTOTAL of Itemized Independen	t Expenditures		•	14238.11
	(b) SURTOTAL of Unitermized Independ	lant Evnandituras			
	(b) SUBTOTAL of Unitemized Independ	one expenditules		•	7 1 7 1 7
	(c) TOTAL Independent Expenditures			>	7

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins	[Electronically Filed]	Date	05 /	20	2014
Signature					

	age# 14961180163			
	CHEDULE E (FEC Form 3X) EMIZED INDEPENDENT EXPENDITURES			2105 00 05 04
1 6	EMIZED INDEPENDENT EXPENDITURES			PAGE 29 OF 34 FOR LINE 24 OF FORM 3X
VΑ	ME OF COMMITTEE (In Full)			
	nding Spending Action Fund			FEC IDENTIFICATION NUMBER ▼
	Training openianing reasons and			C C00489856
Ch	eck if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on M M / D D / Y Y Y Y Y
	Full Name of Payee McCarthy Hennings Media, Inc.			Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1850 M Street, N.W., #235			Amount 2014
	City State		Zip Code	10086.90
	Washington DC		20004	Transaction ID : SE.5299 Date of Disbursement or Obligation
	Purpose of Expenditure media production		Category/ Type	04 08 2014
	Name of Federal Candidate		X Support	Office Sought: House District:
	Scott Brown		Oppose	President Senate State: NH
	Calendar Year-To-Date Per Election for Office Sought		70222.90	Disbursement For:
	Full Name of Payee			Date of Public Distribution/Dissemination
	Neylan & Partners			04 08 7 2014
	Mailing Address 9401 Brookmay Court			Amount
	City State		Zip Code	21277.00
	Alexandria VA		22309	Transaction ID : SE.5288 Date of Disbursement or Obligation
	Purpose of Expenditure media placement		Category/ Type	04 / 03 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate			Office Sought: Y House District: 03
	Walter B. Jones		Support Oppose	Office Sought: House District: 03 President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		244878.54	Disbursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures			> 31363.90
	(b) SUBTOTAL of Unitemized Independent Expenditures			··· •
	(c) TOTAL Independent Expenditures			··· >
				492 492 452

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins	[Electronically Filed]	Date	05 ^M	/ 20	2014
Signature					

-	ULE E (FEC Form 3	3X)			
	D INDEPENDENT EXPEN				PAGE 30 OF 34
NAME OF	COMMITTEE (In Early				FOR LINE 24 OF FORM 3X
	COMMITTEE (In Full) 3 Spending Action Fund	d		FEC	DIDENTIFICATION NUMBER ▼
Litanie	g openanig / tottom r an			C	C00489856
Check if	24-hour report 48-hou	r report New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
	ame of Payee an & Partners			M = M	ublic Distribution/Dissemination
Mailing	g Address			04	12 2014
I Walling	9401 Brookmay Cour			Amount	
City		State	Zip Code		127083.75
Alexan		VA	22309		n ID : SE.5343 sbursement or Obligation
	se of Expenditure placement		Category/ Type	M	/ 08 / Y Y Y Y Y Y Y Y
Name	of Federal Candidate		X Support	Office Sought:	X House District: 03
Willian	n Taylor Griffin		Oppose	President	Senate State: NC
	alendar Year-To-Date er Election for Office Sought		371962.29	Disbursement Fo 2014 Other	r:
	ame of Payee Van & Partners			Date of P	ublic Distribution/Dissemination
				04	12 2014
Mailing	g Address 9401 Brookmay Cour			Amount	
City		State	Zip Code		42361.25
Alexa	ndria	VA	22309		n ID : SE.5344 isbursement or Obligation
	se of Expenditure a placement		Category/ Type	04	08 2014
Name	of Federal Candidate		Support	Office Sought:	House District: 03
Walte	r B. Jones		X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7	414323.54	Disbursement Fo	r:
(a) \$111	BTOTAL of Itemized Independen	t Evnandituras			169445.00
(a) 501	STOTAL OF REMIZED INDEPENDENT	Experientares			103443.00
(b) SUI	BTOTAL of Unitemized Independ	ent Expenditures		• •	7
(c) TO	FAL Independent Expenditures			.	7 1 7 1 7

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Nancy H. Watkins	[Electronically Filed]	Date	05	20	/	2014
Signature						

PAGE	31		OF	= ;	34	
FOR	LINE	24	OF	FOR	М	ЗХ

		FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund		C C00489856
Check if 24-hour report 48-hour report New report	rt Amends report filed	i on Mam / Dad / Yayayay
Full Name of Payee		Date of Public Distribution/Dissemination
Neylan & Partners		04 22 / 2014
Mailing Address 9401 Brookmay Court		Amount
City State 2	Zip Code	59714.25
Alexandria VA	22309	Transaction ID : SE.5378 Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	04 17 7 2014
Name of Federal Candidate	Support Office	e Sought: X House District: 03
Walter B. Jones	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	491816.73 Disb 2014	ursement For:
Full Name of Payee Neylan & Partners Mailing Address 9401 Brookmay Court		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State 2	Zip Code	179142.75
1 '	22309	Transaction ID : SE.5379 Date of Disbursement or Obligation
Purpose of Expenditure media placement	Category/ Type	04 / 17 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	X Support Office	e Sought: X House District: 03
William Taylor Griffin	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	670959.48 Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures		238857.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures r with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Nancy H. Watkins [Electronic	ally Filed]	05 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	24.0	

	PAGE FOR L		OF 1 OF F	34 ORM 3X	7	
IDENTIFICATION NUMBER ▼						
	C004898	250				

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	on M=M / D=D / Y=Y=Y
Full Name of Payee Rick Reed Media, Inc.	Date of Public Distribution/Dissemination
Mailing Address	04 01 / 2014
Mailing Address 2601-A Wilson Blvd.	Amount
City State Zip Code	14845.51
Arlington VA 22201	Transaction ID : SE.5265 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 / 01 / 2014
Name of Federal Candidate Support Office	e Sought: House District:
Mary Michelle Nunn Oppose	President Senate State: GA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For: Primary
Full Name of Payee Rick Reed Media, Inc. Mailing Address 2601-A Wilson Blvd.	Date of Public Distribution/Dissemination M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
2001-A WIISON BIVG.	Amount
City State Zip Code	4293.00
Arlington VA 22201	Transaction ID : SE.5278 Date of Disbursement or Obligation
Purpose of Expenditure media production/shipping Category/ Type	04 07 7 2014
	e Sought: House District:
Mary Michelle Nunn Oppose	President State: GA
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	orsement For:
(a) SUBTOTAL of Itemized Independent Expenditures	19138.51
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	5 / 20 / Y Y Y Y Y Y Y
Signature	

PAGE	33	OF	34 ORM 3X
FOR L	INE 24	OF F	ORM 3X

	FOR LINE 24 OF FORM 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rick Reed Media, Inc. Mailing Address 2004 A Wiless Blad	04 / 12 / 2014
2601-A Wilson Blvd.	Amount
City State Zip Code	11736.18
Arlington VA 22201	Transaction ID : SE.5345 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 14 2014
Name of Federal Candidate Support Office	e Sought: X House District: 03
William Taylor Griffin Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
Full Name of Payee Rick Reed Media, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2601-A Wilson Blvd.	Amount
City State Zip Code	3912.06
Arlington VA 22201	Transaction ID : SE.5346 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 / D 14 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought:
Walter B. Jones Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	15648.24
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	05 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 34 OF 34 FOR LINE 24 OF FORM 3X			
FEC IDENTIFICATION NUMBER ▼			
C C00489856			
= M / D = D / Y = Y = Y			
f Public Distribution/Dissemination			
04 16 7 2014			
nt			
532.68			
tion ID: SE.5372 f Disbursement or Obligation			
04 17 2014			
: X House District: 03			
nt Senate State: NC			
For: X Primary General			
her (specify) ▶			
of Public Distribution/Dissemination			
04 / D D / Y Y Y Y Y Y Y			
nt			
1598.02			
ction ID : SE.5373 of Disbursement or Obligation			
04 / 17 / 2014			
t: X House District:03			
ent Senate State: NC			
For: Primary General			
ther (specify) •			
2130.70			
7 7 7			

	TOTT LINE 24 OF TOTTIVE 3X
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Ending Spending Action Fund	C C00489856
Check if 24-hour report 48-hour report New report Amends report filed	I on Man / Dad / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Rick Reed Media, Inc.	04 16 7 2014
Mailing Address 2601-A Wilson Blvd.	Amount
City State Zip Code	532.68
Arlington VA 22201	Transaction ID : SE.5372 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offic	e Sought: X House District: 03
Walter B. Jones Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb. 2014	ursement For:
Full Name of Payee	
Rick Reed Media, Inc.	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2601-A Wilson Blvd.	Amount
City State Zip Code	1598.02
Arlington VA 22201	Transaction ID : SE.5373 Date of Disbursement or Obligation
Purpose of Expenditure media production Category/ Type	04 / 17 / 2014
Name of Federal Candidate Support Office	e Sought: X House District:03
William Taylor Griffin Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	2130.70
(b) SUBTOTAL of Unitemized Independent Expenditures	4 4
(c) TOTAL Independent Expenditures	1976446.48
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Nancy H. Watkins [Electronically Filed] Date	05 20 2014
Signature	السنسالسات